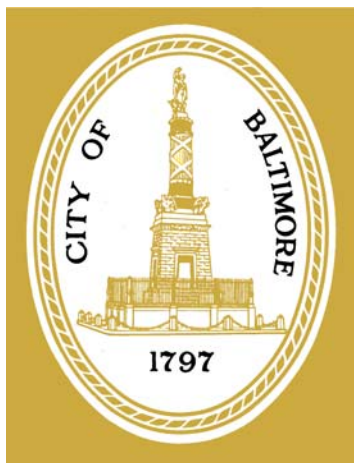


INDEPENDENT AUDITOR'S REPORT

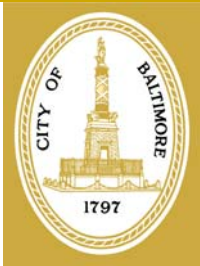
SUBGRANTS AWARDED BY
THE BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY
DEVELOPMENT
OFFICE OF HOMELESS SERVICES
TO SELECTED HOMELESS SERVICES PROVIDERS FUNDED BY
THE EMERGENCY AND TRANSITIONAL HOUSING AND SERVICES PROGRAM
GRANT NUMBERS CSA/SN 11/99 - 003 A2 AND CSA/SN 11/99 – 003 A3
AWARDED BY THE
MARYLAND STATE DEPARTMENT OF HUMAN RESOURCES
FOR THE GRANT PERIODS
FROM JULY 1, 1998 THROUGH JUNE 30, 2000



City of Baltimore
Department of Audits

CITY OF BALTIMORE

MARTIN O'MALLEY, Mayor



DEPARTMENT OF AUDITS

YOVONDA D. BROOKS, CPA
City Auditor

Room 321, City Hall
Baltimore, Maryland 21202
Telephone: (410) 396-4783
Telefax: (410) 545-3961

April 30, 2001

Honorable Joan M. Pratt, Comptroller
And Other Members of the
Board of Estimates
City of Baltimore

INDEPENDENT AUDIT OF SUBGRANTS AWARDED BY THE BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT, OFFICE OF HOMELESS SERVICES TO SELECTED HOMELESS SERVICES PROVIDERS – EMERGENCY AND TRANSITIONAL HOUSING AND SERVICES PROGRAM GRANT NUMBERS CSA/SN 11/99 – 003 A2 AND CSA/SN 11/99 - 003 A3, AWARDED BY THE MARYLAND STATE DEPARTMENT OF HUMAN RESOURCES FOR THE GRANT PERIODS FROM JULY 1, 1998 THROUGH JUNE 30, 2000

We have audited the accompanying Schedules A-1 through S-4 prepared by the organizations listed in Exhibits I and II of this report to account for subgrants received from the Baltimore City Department of Housing and Community Development, Office of Homeless Services for the periods from July 1, 1998 through June 30, 2000.

The purpose of these subgrants is to provide shelter and case management to homeless persons. These Schedules are the responsibility of the delegate agencies' management. Our responsibility is to express an opinion on these Schedules based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether these Schedules are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in these Schedules. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial information presented. We believe that our audit provides a reasonable basis for our opinion.

The aforementioned Schedules have been prepared in accordance with the provisions required by the delegate agencies' subgrant agreements which is a comprehensive basis of accounting other than generally accepted accounting principles. Under those provisions, bednights are reported as the total number of beds available each night at the listed homeless shelters at rates provided in the subgrant agreements.

In our opinion, based on our audit, Schedules A-1 through S-4 present fairly, in all material respects, the financial results of operations of the aforementioned subgrants in accordance with the provisions of the subgrant agreements.

Our audit was conducted for the purpose of forming an opinion on Schedules A-1 through S-4. The information in Exhibits I through III is presented for purposes of additional analysis and is not a required part of Schedules A-1 through S-4. Specifically, Exhibits I through III have been prepared by the auditor in order to set forth recommended questioned costs and adjustments necessary to bring Schedules A-1 through S-4 into compliance with the reporting requirements contained in the delegate agencies' subgrant agreements. The City of Baltimore is responsible for the ultimate resolution of the adjustments set forth in Exhibits I through III. The information in Exhibits I through III has been subjected to the audit procedures applied in the audit of Schedules A-1 through S-4; and, in our opinion, is fairly stated in all material respects in relation to Schedules A-1 through S-4.

This report is intended solely for the information and use of the management of the organizations listed in Exhibits I and II of this report, the State of Maryland, and the City of Baltimore and is not intended to be and should not be used by anyone other than these specified parties. However, the report is a matter of public record, and its distribution is not limited.

Respectfully submitted,

Yovonda D. Brooks, CPA
City Auditor

FYE: 1999

SCHEDULE A-1

DUE DATE: 11TH OF EACH MONTH

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
ANDU.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORTPAYEE NAME: AMERICAN RESCUE WORKERS
PAYEE ADDRESS: 11 W. CLEMENT STREET

CITY/STATE/ZIP: BALTIMORE, MARYLAND 21230

CONTACT PERSON: REV. CARR, DIRECTOR

TELEPHONE NUMBER: 410-566-3300

GRANT NUMBERS 5291-357-902-01-351

CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99

CONTRACT NUMBER 24730

REPORT MONTH: June 99

PAYEE FEDERAL I. D. #: 52-6000078

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
SHS	ACCOUNT#	5291-357-902-00-351				
Shelter bednights- Consolidated	1.1	\$71,025.75	5837.76	65188.31	71,026.07	0
Bednight Expansion	1.2					
Day Program	1.8					
	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	6.0					
		\$71,025.75				

	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ACCOUNT#		5291-357-902-00-351				
	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
		\$0.00				
	TOTAL BUDGET	\$71,025.75				

PAYMENT REQUEST:

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM	Date: 7/8/99
APPROVAL FINANCE ADM	Date: 7/8/99

ified (Original Signature)

Rev. Michael CARR

ie and Title

7/1/99

RECEIVED

JUL 2 1999

DHR-CSA Project Officer Signature

Date

Note: forward, filed

FY: 2000

DUE DATE: 8TH OF EACH MONTH

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: AMERICAN RESCUE WORKERS

PAYEE ADDRESS: 11 W. CLEMENT STREET

CITY/STATE/ZIP: BALTIMORE, MARYLAND 21230

CONTACT PERSON: Capt. Michael Carr

TELEPHONE NUMBER: 410-566-3300

GRANT NUMBERS

CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00

CONTRACT NUMBER 25571

REPORT MONTH: June 2000

PAYEE FEDERAL I. D. #: 52-6000678

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	5291-357-002-04-351	\$71,370.00	5850.00	65,520.00	71,370.00	0
Shelter bednights			81.00	880.00	961.00	0
Admin		\$961.00				
TOTAL BEDNIGHTS		\$72,331.00				

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET					

Certified (Original Signature)
Rev. Michael CARR OIC
Name and Title
7-3-00
Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM.	Date: 7/1/00
APPROVAL FINANCE ADM.	Date: 7/1/00

DHR-CSA Project Officer Signature

Date

DUE DATE: 8TH OF EACH MONTH

**DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND**

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT**

PAYEE NAME: AT JACOB'S WELL
PAYEE ADDRESS: 331 E. 25TH STREET

CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: MR. KEITH ROACH, DIRECTOR
TELEPHONE NUMBER: 410-235-8877

GRANT NUMBERS 5291-357-902-07-351
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CONTRACT NUMBER 24729
REPORT MONTH: JUNE 1999
PAYEE FEDERAL I. D. #: 52-434808

we pay

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS						
Shelter bednights- Consolidated	1.1	\$64,841.55	\$5,329.50	\$59,512.75	\$64,842.25	\$ (0.70)
Bednight Expansion	1.2					
Day Program	1.8					
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	6.0					
TOTAL BEDNIGHTS		\$64,841.55	\$5,329.50	\$59,512.75	\$64,842.25	\$ (0.70)

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
Direct Grants	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
TOTAL SERVICES		\$0.00				
TOTAL BUDGET		\$64,841.55	\$5,329.50	\$59,512.75	\$64,842.25	\$ (0.70)

49,031.40 *15,810.85* *10,*
54,538.55

Previous exp.

Certified (Original Signature)
ALBERT K. ROACH, EXECUTIVE DIRECTOR
Name and Title
July 2, 1999
Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM.	Date: <i>7/6/99</i>
APPROVAL FINANCE ADM.	Date:

DHR-CSA Project Officer Signature

Date

Effect Lee Home other program

GRANT NUMBERS _____
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER 26572
REPORT MONTH: JUNE 2000
PAYEE FEDERAL I D #: 52-1434808

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HTF						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET	\$65,645.00	\$5,383.95	\$60,300.24	\$65,584.19	\$ 81

230999
2613.02
343.19
54.15
1.04

Due 5384.91

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM.	Date <u>7/1</u>
APPROVAL FINANCE ADM.	Date <u>7/1</u>

DHR-CSA Project Officer Signature

Date _____

large and
ate July 6, 2000

FEB 1999

1ST 8TH OF EACH MONTHU.S. DEPAR
ETHS, ESG, HODEPT OF HUMAN SERVICES
7 SERVICES ADMINISTRATION
AND
HOUSING AND URBAN DEVELOPMENT
MONTHLY EXPENDITURE REPORT

24745

PAYEE NAME: BROWN'S SHELTER
PAYEE ADDRESS: 3216 BELVIDERE AVENUEGRANT NUMBERS 5291-387-002-08-351CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99CONTRACT NUMBER 24748CITY/STATE/ZIP: BALTIMORE, MARYLAND 21215REPORT MONTH: JUNE 1999CONTACT PERSON: MS. VIOLET ANDERSON, PROGRAM DIRECTORPAYEE FEDERAL I.D.#: 52-1203728TELEPHONE NUMBER: 410-542-8700

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
Shelter bednights- Consolidated	1.1	\$1,148.35	9,981.89	111,464.99	121,446.35	-0-
Bednight Expansion	1.2					
Day Program	1.3					
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	8.0					
TOTAL BEDNIGHTS		21,448.35	9,981.89	111,464.99	121,446.35	-0-

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
Direct Grants	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
TOTAL SERVICES		50.00				
TOTAL BUDGET		\$121,448.35				

PAID -
Due664.4
9778.97Printed (Original Signature)
VIOLET ANDERSON, EXEC. DIRECTOR

Name and Title

Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM	Date: 7/13/99
APPROVAL FINANCE ADM	Date: 7/13/99

DHCD-GSA Project Officer Signature

Date

FY: 2000

DUE DATE: 8TH OF EACH MONTH

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HUD MONTHLY EXPENDITURE REPORT

PAYEE NAME: BROWNS SHELTER

Address: 4416 BELLEVUE AVE.

CITY/STATE/ZIP: BALTIMORE, MARYLAND 21215

CONTACT PERSON: Violet Anderson

TELEPHONE NUMBER: 410-542-5700

GRANT NUMBERS

CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00

CONTRACT NUMBER: 25574

REPORT MONTH: June 2000

PAYEE FEDERAL I. D. #: 52-1203728

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
	ACCOUNT #					
offer bed nights	5291-357-002-07-351	\$121,786.00	9,984	11,802	121,786	-0-
		\$1,761.00	144.45	7,616.55	1,761	-0-
		\$123,547.00	10,128.45	113,418.55	123,547	-0-

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
AL SERVICES		\$0.00				
	TOTAL BUDGET					

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date:
APPROVAL FINANCE ADM:	Date:

Signed (Original Signature)
VIOLET ANDERSON, EXEC. DIRECTOR
Name and Title

DHR-CSA Project Officer Signature

Date

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: CENTER FOR APPLIED NOMADOLGY - EUTAW CENTER
PAYEE ADDRESS: 700 N. EUTAW STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21201
CONTACT PERSON: MR. ROBERT THOMAS, DIRECTOR
TELEPHONE NUMBER: 410-225-0981

GRANT NUMBERS 5291-357-902-13-351
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CONTRACT NUMBER 24744
REPORT MONTH: June 1999
PAYEE FEDERAL I. D. #: 52-1747347

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT #	5291-357-902-00-351				
Shelter bednights-	1.1	\$80,925.75	6651.48	74274.27	80,925.75	0
Consolidated						
Bednight Expansion	1.2					
Day Program	1.8					
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	6.0					
TOTAL BEDNIGHTS		\$80,925.75	6651.48	74274.27	80,925.75	0

	Budget Categories	Budget	Expenditures	Expenditures	Expenditures	Balance
HPP	ACCOUNT #	5231-357-902-00-351				
	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET	\$80,925.75	6651.48	74274.27	80,925.75	0

Certified (Original Signature)
Robert Thomas, General Director
Name and Title
June 30, 1999
Date

Robert Thomas
Client
6,927.30
(initials)

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: 7/7/99
APPROVAL FINANCE ADM:	Date:

DHR-CSA Project Officer Signature

Date

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: CFAN / EUTAW CENTER
PAYEE ADDRESS: 700 N. EUTAW ST. EET
CITY/STATE/ZIP: BALTIMORE, MAR / LAND 21201
CONTACT PERSON: Robert Thomas
TELEPHONE NUMBER: 410-225-0981

GRANT NUMBERS
CONTRACT PERIOD: 7/1/89 THROUGH 6/30/00
CONTRACT NUMBER: 25575
REPORT MONTH: June 2000
PAYEE FEDERAL ID #: 521747547

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditure	Total Expenditures	Available Balance
Shelter bednights	5291-357-002-00	351	\$81,252.00	6660.00	14,592.00	81,252.00
Admin			\$1,281.00	1050.00	1176.00	1281.00
TOTAL BEDNIGHTS			\$82,533.00	6765.00	15,768.00	82,533.00
SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES			\$0.00			
TOTAL BUDGET			6765.00			

ETHS 4200.00 3452.00 (10)
ESG + 312.46 1598.69
Hopwa 1444.54 1509.31
Admin 105.00

Internal Use Only
DHCD/Office of Homeless Services
APPROVAL PROGRAM ADM Date 7/10
APPROVAL FINANCE ADM Date

DHR-CSA Project Officer Signature
Date

Certified (Original Signature)
Robert P. Taylor Executive Dir
Name and Title
Date 7/7/00

FYE: 1999

DUE DATE: 8TH OF EACH MONTH

SCHEDULE E-1

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: **CENTER FOR APPLIED NOMADOLOGY/OASIS STATION**
PAYEE ADDRESS: **220 N. GAY STREET**
CITY/STATE/ZIP: **BALTIMORE, MARYLAND 21202**
CONTACT PERSON: **MR. ROBERT THOMAS**
TELEPHONE NUMBER: **410-727-7934**

GRANT NUMBERS **5291-357-902-12-351**
CONTRACT PERIOD: **7/1/98 THROUGH 6/30/99**
CONTRACT NUMBER **24727**
REPORT MONTH: **June 1999**
PAYEE FEDERAL I. D. #: **52 1747547**

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT	5291-357-902-00-351				
Shelter bednights-	1.1					
Consolidated						
Bednight Expansion	1.2					
Vouchers for Lodging	1.6					
Day Program	1.8	146,000.00	12,000	134,000	146,000	0
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
	6.0					
TOTAL BEDNIGHTS			12,000	134,000	146,000	0

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP	ACCOUNT	5291-357-902-00-351				
Direct Grants	7.1					
	7.2					
	7.4					
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET	\$146,000.00	12,000	134,000	146,000	0

Certified (Original Signature)
Robert Thomas, General Director
Name and Title
June 30, 1999
Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: 7 7 99
APPROVAL FINANCE ADM:	Date:

DHR-CSA Project Officer Signature

Date

SCHEDULE E-2

PAYEE NAME: CFAN / OASIS STATIC
PAYEE ADDRESS: 220 N. GAY STREET
CITY/STATE/ZIP: BALTIMORE, MARYL
CONTACT PERSON: Robert Thomas
TELEPHONE NUMBER: 410-727-7896

GRANT NUMBERS
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER 26576
REPORT MONTH: 25
PAYEE FEDERAL I. D. #: 52174115

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET		11010-		134222 ⁰⁰	00

Date

Date _____

FY: 2001

DUE DATE: 8TH OF EACH MONTH

SCHEDULE F-1

EXHIBIT C

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: CENTER FOR POVERTY SOLUTIONS
PAYEE ADDRESS: 2521 N. CHARLES STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: _____
TELEPHONE NUMBER: _____

GRANT NUMBERS _____
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER 26004
REPORT MONTH: JUNE 2000
PAYEE FEDERAL I. D. #: _____

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT #					
1FTE AMERICORE WORKER	5291-357-102-32-351	\$20,000.00	1835	18165	18165	\$0.00
Total		\$20,000.00	\$1,835.00	\$18,165.00	\$2,000.00	0

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET					

Certified (Original Signature)

Robert J. Hoss, Project Manager

Name and Title

9/26/00

Date

Internal Use Only

DHCD/Office of Homeless Services

APPROVAL PROGRAM ADM: _____ Date: _____

APPROVAL FINANCE ADM: _____ Date: _____

DHR-CSA Project Officer Signature

Date

JUE DATE: 8TH OF EACH MONTH

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
ETHS & HPP MONTHLY EXPENDITURES REPORT

PAYEE NAME: ACC-CHRISTOPHERS PLACE
PAYEE ADDRESS: 320 CATHEDRAL STREET
CITY/STATE/ZIP: BALTIMORE, MD 21201
CONTACT PERSON: MR. ANGELO BOER
TELEPHONE NUMBER: (410) 230-5404

CSA CONTRACT NUMBER: 24726
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
STATE CONTRACT NUMBER: CSA/CN 11/99-003 / S-98-MC-24-001
REPORT MONTH: June-99
PAYEE FEDERAL I.D. #: 52-0591538
ACCT. NO: 5291-357-802-04-351
4929-357-905-23-351
ETHS

Service	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Obligations	Available Balance
HPP							
Direct Grants	7.1						
Counseling/Mediation	7.2						
Early Intervention	7.4						
Revolving Loan Fund	7.5						
	7.6						
	HPP TOTAL						
ETHS							
	1.1	95,348.00	7,837.15	87,510.85	95,348.00		0.00
	1.1A						
	1.4						
	1.5						
	1.6						
	1.7						
	1.8						
	1.9						
	2.1						
	2.3						
	3.1						
	4.1						
	4.2						
	6.0						
	ETHS TOTAL	95,348.00	0.00	87,510.85	95,348.00	0.00	0.00
	Total	95,348.00					

REQUEST FOR PAYMENT YES: X NO:

AMOUNT: \$ 3,977.10

FUNDS RECEIVED TO DATE:	80,197.25
EXPENDITURES TO DATE:	95,348.00
BALANCE UNEXPENDED:	0.00

Internal Use Only

DHCD/Office of Homeless Services

APPROVAL PROGRAM ADM

APPROVAL FINANCE ADM

Date: 7/27/99

Date:

Certified (Original Signature)

Elizabeth L. Gerkin, CPA Supervisor, Reports and Analysis
Name and Title

16-Jul-99

Date

DHR-CSA Project Officer Signature

Date

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA & HPP MONTHLY EXPENDITURES REPORT

SCHEDULE G-2

PAYEE NAME: ACC-CHRISTOPHERS PLACE
PAYEE ADDRESS: 2305 N. CHARLES STREET
CITY/STATE/ZIP: BALTIMORE, MD 21218
CONTACT PERSON: MR. ANGELO BOER
TELEPHONE NUMBER: (410) 230-5404

GRANT NUMBERS:
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER: 25568
REPORT MONTH: June-00
PAYEE FEDERAL I.D. #: 52-0591538

Activity	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS						
Shelter Bednights	5291-357-002-01-351	96,624.00	7,920.00	88,704.00	96,624.00	-
Admin		1,409.00	109.00	1,300.00	1,409.00	-
TOTAL BEDNIGHTS		98,033.00	8,029.00	90,004.00	98,033.00	

Service	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		0				
	TOTAL BUDGET					

Certified (Original Signature)

Sandy Peterson, CPA Senior Financial Manager
Name and Title

24-Jul-00

Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM.	Date: 8/7/00
APPROVAL FINANCE ADM.	Date: 8/7/00

DHR-CSA Project Officer Signature

Date

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION

SCHEDULE H-1

AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: HOUSE OF RUTH
PAYEE ADDRESS: 2201 ARGONNE DRIVE
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: MS. CAROLE ALEXANDER, DIRECTOR
TELEPHONE NUMBER: 410-889-0840

GRANT NUMBERS 5291-357-902-18-351
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CONTRACT NUMBER 24755
REPORT MONTH: June, 1999
PAYEE FEDERAL I. D. #: 52-1100-236

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT #	5291-357-902-00-351				
Shelter bednights-	1.1	\$96,119.00	\$7,759.40	\$88,359.60	\$96,119.00	0.00
Consolidated						
Bednight Expansion	1.2					
Day Program	1.8					
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	6.0					
TOTAL BEDNIGHTS		\$96,119.00				
SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP	ACCOUNT #	5291-357-902-00-351				
Direct Grants	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET	\$96,119.00				

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: <u>7/13/99</u>
APPROVAL FINANCE ADM:	Date: <u>8/10/99</u>

Certified (Original Signature)
Carole Alexander Exec Dir
Name and Title
7/7/99
Date

DHR-CSA Project Officer Signature
Date

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
OFFICE OF THE ASSISTANT SECRETARY FOR HOUSING AND COMMUNITY DEVELOPMENT

SCHEDULE H-2

PAUSE NAME: HOUSE OF BUT
PAUSE ADDRESS: 2221 ARCADE DRIVE
P.O. Box 64036
CITY/STATE/ZIP: BALTIMORE, MARYLAND XXXX 21264
CONTACT PERSON: Candice Alexander
PHONE NUMBER: 410-224-1100

GRANT NUMBERS
CONTRACT PERIOD: 01/01/2000-01/01/2001
CONTRACT NUMBER:
REPORT MONTH: June 2000
PAUSE FEDERAL ID #: 52-1100236

Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ACCOUNT #					
52-1100236-521	107,604.00	8,820	98,784	107,604	0
52-1100236-522	2,690.00	226	2,464	2,690	0
TOTAL BUDGETS	110,294.00	9,046	101,248	110,294	0

Services	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance

TOTAL SERVICES		1000				
TOTAL BUDGET						

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	DATE: 7/14/00
APPROVAL FINANCE ADM:	DATE:

(Original Signature)
Candice Alexander Exec Dir
7/16/00

DHCD/OSA Project Officer Signature

DUE DATE: 8TH OF EACH MON
 DEPARTMENT OF HUMAN SERVICES
 ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: I CAN, INC.

CSA CONTRACT NUMBER: 24742

PAYEE ADDRESS: P.O. BOX 1167

CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99

CITY/STATE/ZIP: BALTIMORE, MA, MD. 21203-1167

ACCOUNT NUMBER: 5291-357-902-28-351

TELEPHONE NUMBER: 410-467-8623

Report Month June

CONTACT PERSON: REV. LONNIE DAVIS

PAYEE FEDERAL I.D.#: 52-1999-430

ETHS

SERVICES	BUDGET CATAGORY	APPROVED BUDGET	REPORT MONTH EXPENDITURES	PREVIOUS EXPENDITURES	TOTAL EXPENDITURES	AVAILABLE BALANCE
BEDNIGHT EXPANSION	1.1	\$129,390.00	\$10,634.79	\$118,755.21	\$129,390.00	\$0.00
TOTALS		\$129,390.00	\$10,634.79	\$118,755.21	\$129,390.00	\$0.00

REQUEST FOR PAYMENT YES: X NO:

Amount requested: \$10,634.79

INTERNAL USE ONLY

DHCD/OFFICE OF HOMELESS SERVICES

APPROVAL PROGRAM ADM:

APPROVAL FINANCE ADM

7/2/99

CERTIFIED (ORIGINAL SIGNATURE)

DHR-CSA PROJECT OFFICIER SIGNATURE

David Scheibing
Secretary7/6/99
DATE

DATE

Janel a, Amst PAID 10,907.00

Y-T-D PAID - 118483.00

Note: Have provider check their cash received.

**DUE DATE: 8TH OF EACH MONTH
DEPARTMENT OF HUMAN SERVICES
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT**

PAYEE NAME: I CAN, INC.
PAYEE ADDRESS: P.O. BOX 1167
CITY/STATE/ZIP: BALTIMORE, MA, MD. 21203-1167
TELEPHONE NUMBER: 410-467-8623
CONTACT PERSON: REV. LONNIE DAVIS

CSA CONTRACT NUMBER: 24742
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
ACCOUNT NUMBER: 5291-357-902-28-351
Report Month- June
PAYEE FEDERAL I.D.#: 52-1999-430

CCF						
SERVICES	BUDGET CATAGORY	APPROVED BUDGET	REPORT MONTH EXPENDITURES	PREVIOUS EXPENDITURES	TOTAL EXPENDITURES	AVAILABLE BALANCE
BEDNIGHT EXPANSION	1.2	\$87,600.00	\$7,200.00	\$80,400.00	\$87,600.00	
TOTALS		\$87,600.00	\$7,200.00	\$80,400.00	\$87,600.00	

REQUEST FOR PAYMENT YES: X NO:

Amount Requested: \$7,200.00

INTERNAL USE ONLY
DHCD/OFFICE OF HOMELESS SERVICES
APPROVAL PROGRAM ADM:
APPROVAL FINANCE ADM:

CERTIFIED (ORIGINAL SIGNATURE)

DHR-CSA PROJECT OFFICIER SIGNATURE

David Scheihing
Secretary

DATE

DATE

8TH OF EACH MONTH
DEPARTMENT OF HUMAN SERVICES
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: I CAN, INC.

Contract Number- 25583

PAYEE ADDRESS: P.O. BOX 1167

CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99

CITY/STATE/ZIP: BALTIMORE, MA, MD. 21203-1167

ACCOUNT NUMBER: 5291-357-902-28-351

TELEPHONE NUMBER: 410-467-8623

Report Month: June 00

CONTACT PERSON: REV. LONNIE DAVIS

PAYEE FEDERAL I.D.#: 52-1999-430

CCF

SERVICES	BUDGET CATAGORY	APPROVED BUDGET	REPORT MONTH EXPENDITURES	PREVIOUS EXPENDITURES	TOTAL EXPENDITURES	AVAILABLE BALANCE
Bednight						
Expansion	1.2	\$98,820.00	\$8,100.00	\$90,720.00	\$98,820.00	\$0.00
Admin		\$384.00	\$23.69	\$360.31	\$384.00	\$0.00
TOTALS		\$99,204.00	\$8,123.69	\$91,080.31	\$99,204.00	\$0.00

REQUEST FOR PAYMENT YES: X NO:

Amount requested: \$8,123.69

8127.37

INTERNAL USE ONLY

DHCD/OFFICE OF HOMELESS SERVICES

APPROVAL PROGRAM ADM:

APPROVAL FINANCE ADM:

CERTIFIED (ORIGINAL SIGNATURE)

David Scheihing
Secretary

DHR-CSA PROJECT OFFICIER SIGNATURE

DATE

DATE

RECEIVED

8-9-01

DUE DATE: 8TH OF EACH MONTH
DEPARTMENT OF HUMAN SERVICES
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: I CAN, INC.
PAYEE ADDRESS: P.O. BOX 1167
City/State/zip: Baltimore, MD 21203
TELEPHONE NUMBER: 410-467-8623
CONTACT PERSON: REV. LONNIE DAVIS

Contract Number -25584
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
ACCOUNT NUMBER: 5291-357-902-28-351
May June
PAYEE FEDERAL I.D.#: 52-1999-430

ETHS

SERVICES	BUDGET CATAGORY	APPROVED BUDGET	REPORT MONTH EXPENDITURES	PREVIOUS EXPENDITURES	TOTAL EXPENDITURES	AVAILABLE BALANCE
BEDNIGHT						
EXPANSION	1.1	\$146,400.00	\$12,000.00	\$134,400.00	\$134,400.00	\$0.00
Admin		\$3,202.00	\$262.46	\$2,939.54	\$2,939.54	\$0.00
TOTALS		\$149,602.00	\$12,262.46	\$150,010.75	\$162,273.21	\$0.00

REQUEST FOR PAYMENT YES: X NO:

Amount Requested : \$12,,262.46

INTERNAL USE ONLY

DHCD/OFFICE OF HOMELESS SERVICES
APPROVAL PROGRAM ADM:
APPROVAL FINANCE ADM:

CERTIFIED (ORIGINAL SIGNATURE)

David Scheihing
Secretary

DATE

DHR-CSA PROJECT OFFICIER SIGNATURE

DATE

08.09.00

Janala, Contract #
25584 has been
fully approved
& the project
cannot go over
Budget. The report
is not signed??

FY: 2000

Due Date: 8th. of each Month

SCHEDULE J-1
7/10/00

Department of Human Services
Community Services Administration
and
U.S. Department of Housing and Urban Development
ETHS Monthly Expenditure Report

PAYEE NAME: Light Street Housing
PAYEE ADDRESS: 1531-A Light Street
CITY/STATE/ZIP: Baltimore, Maryland 21230
CONTACT PERSON: Charlotte M. Bond
TELEPHONE NUMBER: 410-539-0134

GRANT NUMBERS:
CONTRACT PERIOD: 7/1/99 through 6/30/00
CONTRACT NUMBER: 25585
REPORT MONTH: Jun-00
PAYEE FEDERAL I.D. #: 52-1389616

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance	#PrevMos
ETHS	ACCOUNT #						
Shelter Bednights	5291-357-002-18-351	\$21,030.00	\$1,752.50	\$19,277.50	\$21,030.00	\$0.00	11
Administration		\$526.00	\$43.83	\$482.17	\$526.00	\$0.00	
TOTAL BEDNIGHTS		\$21,556.00	\$1,796.33	\$19,759.67	\$21,556.00	\$0.00	

SERVICES

TOTAL BUDGET	\$21,556.00	\$1,796.33	\$19,759.67	\$21,556.00	\$0.00
---------------------	--------------------	-------------------	--------------------	--------------------	---------------

Internal Use Only
DHCD Office of Homeless Services
APPROVAL (Prog. Admin):
DATE:

7/10/00

Certified by
Lawrence F. Naughton
Executive Director

DHR-CSA Project Office
Signature

Date

FY: 1999

— DUE DATE: 8TH OF EACH MONTH

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: MARIAN HOUSE
PAYEE ADDRESS: 949 GORSUCH AVENUE
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: SR. AUGUSTA REILLY, DIRECTOR
PHONE NUMBER: 410-467-4121

GRANT NUMBERS: 5291-357-902-20-351
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CONTRACT NUMBER: 24748
REPORT MONTH: JUNE 1999
PAYEE FEDERAL I.D.#: 52-7243849

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
STANDARD	ACCOUNT	5291-357-902-20-351				
ter bednights-	1.1	\$101,767.05	\$8,364.75	\$93,402.30	\$101,767.05	- 0 -
olidated						
ight Expansion	1.2					
Program	1.8					
each	1.9					
	2.1					
	3.1					
	6.0					
TOTAL BEDNIGHTS		\$101,767.05	\$8,364.75	\$93,402.30	\$101,767.05	- 0 -

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
STANDARD	ACCOUNT	5291-357-902-20-351				
set Grants	7.1					
ounseling/Mediation	7.2					
ty Intervention	7.4					
TOTAL SERVICES		\$0.00				
TOTAL BUDGET		\$101,767.05				

Certified (Original Signature)

Augusta Reilly, RSA
Name and Title

July 7 1999

EXECUTIVE DIRECTOR
- 23 -

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: 7/15/99
APPROVAL FINANCE ADM:	Date: 8/5/99

DHR-CSA Project Officer Signature

COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

SCHEDULE K-2

PAYEE NAME: MARIAN HOUSE
PAYEE ADDRESS: 949 GORSUCH AVE.
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: Sr. Augusta Reilly
TELEPHONE NUMBER: 410-467-4121

GRANT NUMBERS
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER: 25586
REPORT MONTH: June 2000
PAYEE FEDERAL I. D. #: 52-1243849

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT #					
	5291-357-002-19-351	\$102,224.00	\$ 8,379.00	\$ 93,844.80	\$102,223.80	\$.20
Admin		\$1,345.00	\$ 110.25	\$ 1,234.77	\$ 1,345.02	\$ -0.02
TOTAL BEDNIGHTS	1260	\$103,569.00	\$ 8,489.25	\$ 95,079.57	\$ 103,568.82	\$ 0.18

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET					

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: <u>7/11</u>
APPROVAL FINANCE ADM:	Date: <u>7/11</u>

Certified (Original Signature)
Executive Director
Date and Title
7/8/00

DHR-CSA Project Officer Signature
Date

FYE: 1999

DUE DATE: 8TH OF EACH MONTH

SCHEDULE L-1

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION

AND

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: MARYLAND CENTER FOR VETERANS TRAINING AND ED.
 PAYEE ADDRESS: 301-321 NORTH HIGH STREET
 CITY/STATE/ZIP: BALTIMORE, MARYLAND 21202
 CONTACT PERSON: COL. CHARLES WILLIAMS
 TELEPHONE NUMBER: 410-576-9626

GRANT NUMBERS 5291-357-902-21-351
 CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
 CONTRACT NUMBER: 24754 34814
 REPORT MONTH: June 1999
 PAYEE FEDERAL I. D. #: 52-1815710

VITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
	ACCOUNT#	5291-357-902-00-351				
er bednights-	1.1	\$81,851.25	6,727.50	75,123.75	81,851.25	0
olidated						
	1.2					
	1.8					
	1.9					
	2.1					
	3.1					
	6.0					
AL BEDNIGHTS		\$81,851.25	6,727.50	75,123.75	81,851.25	0

ICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
	ACCOUNT#	5291-357-902-00-351				
Grants	7.1					
seling/Mediation	7.2					
Intervention	7.4					
AL SERVICES		\$0.00				
	TOTAL BUDGET	\$81,851.25	6,727.50	75,123.75	81,851.25	0

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: 7/14/99
APPROVAL FINANCE ADM:	Date:

(Original Signature)
 Charles Williams Exec. Director
 and Title
 12 JULY 1999

DHR-CSA Project Officer Signature

Date

DUE DATE: 8TH OF EACH MONTH
 DEPARTMENT OF HUMAN SERVICES
 COMMUNITY SERVICES ADMINISTRATION
 AND

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

FY: 2000

PAYEE NAME: MCVET
 PAYEE ADDRESS: 301 N. HIGH ST

CITY/STATE/ZIP: BALTIMORE, MARYLAND 21202
 CONTACT PERSON: DR. JACK PIERCE
 TELEPHONE NO.: (410) 576-9626

GRANT NUMBERS:
 CONTRACT PERIOD: 7/1/99 THRU 6/30/00
 CONTRACT NUMBER: 25178 25587
 REPORT MONTH: JUNE 2000
 PAYEE FEDERAL ID# 52-1815710

ACTIVITY	BUDGET CATEGORIES	APPROVED BUDGET	REPORT MONTH EXPENDITURES	PREVIOUS EXPENDITURES	TOTAL EXPENDITURES	AVAILABLE BALANCE
ETHS	ACCOUNT					
SHELTER BEDNIGHTS	5291-357-002-20-351	\$279,990.00	22,958.00	257,040.00	279,990.00	.00
ADMIN		\$ 5,444.00	446.23	4,997.77	5,444.00	.00
TOTAL BEDNIGHTS		\$285,434.00	23,396.23	262,037.77	285,434.00	.00
SERVICES	BUDGET CATEGORIES	APPROVED BUDGET	REPORT MONTH EXPENDITURES	PREVIOUS EXPENDITURES	TOTAL EXPENDITURES	AVAILABLE BALANCE
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET					

INTERNAL USE ONLY	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM.	DATE
APPROVAL FINANCE ADM.	DATE

CERTIFIED (Original Signature)

CHARLES WILLIAMS EXECUTIVE DIRECTOR
 NAME AND TITLE

7 JUL. 2000
 DATE

DHR-CSA PROJECT OFFICER SIGNATURE

DATE

DUE DATE: 8TH OF EACH MONTH

SCHEDULE M-1

**DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
ETHS & HPP MONTHLY EXPENDITURES REPORT**

PAYEE NAME: ACC-MY SISTER'S PLACE
PAYEE ADDRESS: 320 CATHEDRAL STREET
CITY/STATE/ZIP: BALTIMORE, MD 21201
CONTACT PERSON: MR. ANGELO BOER
TELEPHONE NUMBER: (410) 547-5540

CSA CONTRACT NUMBER: 24752
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CITY CONTRACT NUMBER: CSA/CN 11/98-003 / 526000769
REPORT MONTH: June-99
PAYEE FEDERAL I.D. #: 52-0591538
ACCT. NO: 5291-357-902-05-351

Service	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Obligations	Available Balance
HPP							
Direct Grants	7.1						
Counseling/Mediation	7.2						
Early Intervention	7.4						
Revolving Loan Fund	7.5						
Other (admin. not allowed)	7.6						
	HPP TOTAL						
ETHS							
Shelter bednights	1.1						
Beds Overflow	1.1A						
Start-up Costs	1.4						
Shelter Supplies	1.5						
Vouchers for Lodging	1.6						
Renovation/Rehab/Constr.	1.7						
Day Program	1.8	58,400.00	4,960.00	53,440.00	58,400.00		0.00
Outreach	1.9						
Mass Feeding in Shelter	2.1						
Grocery/Meal vouchers	2.3						
Transportation	3.1						
Rent Subsidy	4.1						
Mortgage Subsidy	4.2						
Administrative Costs	6.0						
	ETHS TOTAL	58,400.00	4,960.00	53,440.00	58,400.00	0.00	0.00
	Total	58,400.00					

REQUEST FOR PAYMENT YES: X NO

AMOUNT: \$ 4,960.00

FUNDS RECEIVED TO DATE:	63,360.00
EXPENDITURES TO DATE:	58,400.00
BALANCE UNEXPENDED:	0.00

Internal Use Only
DHCD/Office of Homeless Services

APPROVAL PROGRAM ADM

Date: 6/1/99
 Date: 6/1/99

Certified (Original Signature)

Elizabeth L. Gerkin, CPA Supervisor, Reports and Analysis
 Name and Title

DHR-CSA Project Officer Signature

Date 16-Jul-99

Date

SCHEDULE M-2

CSA CONTRACT NUMBER: 24752 - extended hours
CONTRACT PERIOD: 3/1/99 THROUGH 6/30/99
CITY CONTRACT NUMBER: CSA/CN 11/98-003 / 526000769
REPORT MONTH: June-99
PAYEE FEDERAL I.D. #: 52-0591538
ACCT. NO: 5291-357-902-05-351

REQUEST FOR PAYMENT YES: X NO

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date:
APPROVAL FINANCE ADM:	Date:

- 28 -

Date _____

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA & HPP MONTHLY EXPENDITURES REPORT

Extra Copy

PAYEE NAME: ACC-MY SISTER'S PLACE
PAYEE ADDRESS: 2305 N. CHARLES STREET

CITY/STATE/ZIP: BALTIMORE, MD 21218
CONTACT PERSON: MR. ANGELO BOER
TELEPHONE NUMBER: (410) 230-5404

GRANT NUMBERS: _____
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER: 25569
REPORT MONTH: June-00
PAYEE FEDERAL I.D. #: 52-0591538

Activity	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS						
Shelter Bednights	5291-357-002-01-351	121,878.00	9,990.00	111,888.00	121,878.00	0.00
Admin		2,370.00	194.36	2,175.64	2,370.00	0.00
TOTAL BEDNIGHTS		124,248.00	10,184.36	114,063.64	124,248.00	0.00

Service	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		0				
	TOTAL BUDGET					

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date:
APPROVAL FINANCE ADM:	Date:

Certified (Original Signature)

Sandy Peterson, CPA Senior Financial Manager

Name and Title

30-Jun-00

Date

DHR-CSA Project Officer Signature

Date

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
ETHS & HPP MONTHLY EXPENDITURES REPORT

PAYEE NAME: ACC-MY SISTER'S PLACE LODGE
PAYEE ADDRESS: 320 CATHEDRAL STREET
CITY/STATE/ZIP: BALTIMORE, MD 21201
CONTACT PERSON: MR. ANGELO BOER
TELEPHONE NUMBER: (410) 230-5404

CSA CONTRACT NUMBER: 24728
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
STATE CONTRACT NUMBER: CSA/CN 11/99-003 / S-98-MC-24-001
REPORT MONTH: June-99
PAYEE FEDERAL I.D. #: 52-0591538
ACCT. NO: 5291-357-902-06-351
4929-357-912-06-351
ETHS
ESG

Service	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Obligations	Available Balance
HPP							
Direct Grants	7.1						
	7.2						
	7.4						
	7.5						
	7.6						
	HPP TOTAL						
ETHS							
Shelter bednights	1.1	48,376.00	3,977.10	44,398.90	48,376.00		0.00
Beds Overflow	1.1A						
Start-up Costs	1.4						
Shelter Supplies	1.5						
Vouchers for Lodging	1.6						
Renovation/Rehab/Cons	1.7						
Day Program	1.8						
Outreach	1.9						
Mass Feeding in Shelter	2.1						
Grocery/M meal vouchers	2.3						
Transportation	3.1						
Rent Subsidy	4.1						
Mortgage Subsidy	4.2						
Administrative Costs	6.0						
	ETHS TOTAL	48,376.00	3,977.10	44,398.90	48,376.00	0.00	0.00
	Total	48,376.00					

REQUEST FOR PAYMENT YES: X NO:

AMOUNT: \$ 3,977.10

FUNDS RECEIVED TO DATE:	36,713.12
EXPENDITURES TO DATE:	48,376.00
BALANCE UNEXPENDED:	0.00

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: 7/29/99
APPROVAL FINANCE ADM:	Date:

Certified (Original Signature)

Elizabeth L. Gerkin, CPA Supervisor, Reports and Analysis
Name and Title

DHR-CSA Project Officer Signature

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA & HPP MONTHLY EXPENDITURES REPORT

SCHEDULE N-2

PAYEE NAME: ACC-MY SISTER'S PLACE LODGE
PAYEE ADDRESS: 2305 N. CHARLES STREET
CITY/STATE/ZIP: BALTIMORE, MD 21218
CONTACT PERSON: MR. ANGELO BOER
TELEPHONE NUMBER: (410) 230-5404

GRANT NUMBERS:
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER: 25570
REPORT MONTH: June-00 - **REVISED**
PAYEE FEDERAL I.D. #: 52-0591538

Activity	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS						
Shelter Bednights	5291-357-002-01-351	50,417.00	4,133.00	46,284.00	50,417.00	-
Admin		929.00	76.44	852.56	929.00	-
TOTAL BEDNIGHTS		51,346.00	4,209.44	47,136.56	51,346.00	-

Service	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		0				
TOTAL BUDGET						

PAID Totale 47,147.83 Due 4/98.17

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: 7/5/00
APPROVAL FINANCE ADM:	Date: 7/5/00

Certified (Original Signature)

Sandy Peterson, CPA Senior Financial Manager

Name and Title

24-Jul-00

Date

DHR-CSA Project Officer Signature

Date

FYE: 1999

DUE DATE: 8TH OF EACH MONTH

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: PROJECT PLASE
PAYEE ADDRESS: 2029 ST. PAUL STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: MS. MARY SLICHER
TELEPHONE NUMBER: 410-837-1400

GRANT NUMBERS 5291-357-902-26-351
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CONTRACT NUMBER 24750
REPORT MONTH: June, 1999
PAYEE FEDERAL I. D. #: 23-7367331

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT#	5291-357-902-26-351				
Shelter bednights-	1.1	\$166,355.10	13,673.24	152,681.86	166,355.10	-0-
Consolidated						
Bednight Expansion	1.2					
Day Program	1.8					
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	6.0					
TOTAL BEDNIGHTS		\$166,355.10	13,673.24	152,681.86	166,355.10	-0-

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP	ACCOUNT#	5291-357-902-26-351				
Direct Grants	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET	\$166,355.10	13,673.24	152,681.86	166,355.10	-0-

Certified (Original Signature)
Mary C. Slicher, Exec. Dir.
Name and Title
July 8, 1999
Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date:
APPROVAL FINANCE ADM:	Date:

DHR-CSA Project Officer Signature
7/5/99
Date

DUE DATE: 8TH OF EACH MONTH

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: PROJECT PLASE
PAYEE ADDRESS: 2029 ST. PAUL STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: Mary Slicher
TELEPHONE NUMBER: 410-837-1400

GRANT NUMBERS _____
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER 25590
REPORT MONTH: JUNE 2000
PAYEE FEDERAL I. D. #: 23-7367331

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNTS					
Shelter bednights	5291-357-002-23-351	\$165,139.00	13535.82	151603.18	165,139.-	-0-
18 bed nights x 9 ⁴⁰ x 31						
Admin		\$1,537.00	125.02	1411.98	1537.-	-0-
18 bed nights x .0857 x 31						
TOTAL BEDNIGHTS		\$166,676.00	13660.84	153,015.16	166,676.-	-0-

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET	166,676	13,660.84	153,015.16	166,676-	-0-

Certified (Original Signature)

Name and Title

Date _____

Executive Director

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM	Date: 7/11
APPROVAL FINANCE ADM:	Date: 7/11

DHR-CSA Project Officer Signature

Date _____

Notes:- Enclosed is Revised ~~the~~ Billing, had incorrect Previous + TOTAL Expenditure - This Billing represents Balance of

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: SALVATION ARMY/SCOTH HOUSE
PAYEE ADDRESS: 1114 N. CALVERT STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21202
CONTACT PERSON: *Maggie Doty Kuley* (410-783-2420)
TELEPHONE NUMBER: 410-783-3878

GRANT NUMBERS: 52 91-357-902-30-351
CONTRACT PERIOD: 7/1/88 THROUGH 6/30/90
CONTRACT NUMBER: ~~22743~~ 23181
REPORT MONTH: June 1989
PAYEE FEDERAL I.D.#

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HS	ACCOUNT #					
enter bednights	1.1	\$ 116,924.90	\$ 9691.11	\$ 107,243.79	\$ 116,934.90	\$ 0
ent Sunday	4.4	\$ 2,000.00	\$ 2000.00	\$ 0	\$ 2,000.00	\$ 0
TOTAL BEDNIGHTS		\$ 118,924.90	\$ 11,691.11	\$ 107,243.79	\$ 118,934.90	\$ 0

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET					

Internal Use Only	
DHCD/City of Portland Services	
APPROVAL PROGRAM ADM	<i>0.8</i>
APPROVAL FINANCE ADM	Date: 11/3/89

Author: (Original Signature)
Maggie Doty Kuley
Name and Title
Director
Date: *11/24/89*

DHR-CSA Project Officer Signature

Date

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: SALVATION ARMY
PAYEE ADDRESS: 1114 n. CALVERT STREET

CITY/STATE/ZIP: BALTIMORE, MARYLAND 21202
CONTACT PERSON: JEANEEN STORY
TELEPHONE NUMBER: 410-685-8878

GRANT NUMBERS CSA-SN/HPP 99-003A2
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER 25594
REPORT MONTH: JUNE 2000
PAYEE FEDERAL I. D. #:

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT #					
Shelter bednights	5291-357-902-04-351	\$67,829.00	\$4,325.00	\$63,504.00	\$67,829.00	\$0.00
Provider Admin.		\$1,345.00	\$110.16	\$1,234.84	\$1,345.00	\$0.00
TOTAL BEDNIGHTS		\$69,174.00	\$4,435.16	\$64,738.84	\$69,174.00	\$0.00
SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET	\$69,174.00	\$4,435.16	\$64,738.84	\$69,174.00	\$0.00

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date:
APPROVAL FINANCE ADM:	Date:

Certified (Original Signature)

Name and Title

Date

DHR-CSA Project Officer Signature

Date

DUE DATE: 8TH OF EACH MONTH

SCHEDULE Q-1

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: SOUTH BALTIMORE STATION
PAYEE ADDRESS: 140 W. WEST STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21230
CONTACT PERSON: MR. TIM WILLIAMS, DIRECTOR
TELEPHONE NUMBER: 410-752-5197

GRANT NUMBERS 5291-357-902-34-351
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CONTRACT NUMBER 24737
REPORT MONTH: JUNE, 1999
PAYEE FEDERAL I. D. #.

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ACCOUNTS		5291-357-902-00-351				
Inter bednights-solodated	1.1	\$187,756.00	15,432.	172,324.	187,756	0
night Expansion Program	1.2					
each	1.8					
s Feeding in Shelter	1.9					
sportation	2.1					
ministrative Costs	3.1					
	6.0					
AL BEDNIGHTS		\$187,756.00	15,432.	172,324	187,756	0

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ACCOUNTS		5291-357-902-00-351				
Grants	7.1					
Reling/Mediation	7.2					
ntervention	7.4					
SERVICES		\$0.00				
TOTAL BUDGET		\$187,756.00	15,432.	172,324.	187,756.	0

1 (Original Signature).

TIM WILLIAMS, EXECUTIVE DIRECTOR

and Title

7/8/99

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM.	Date: 7/9/99
APPROVAL FINANCE ADM:	Date: 7/13/99
DHR-CSA Project Officer Signature	

Date

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: SOUTH BALTIMORE SHELTER
PAYEE ADDRESS: 140 W. WEST STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21230
CONTACT PERSON: Tim Williams
TELEPHONE NUMBER: 410-752-5197

GRANT NUMBERS
CONTRACT PERIOD: 7/1/99 THROUGH 6/30/00
CONTRACT NUMBER: 25595
REPORT MONTH: JUNE 2000
PAYEE FEDERAL I. D. #:

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT #					
Shelter bednights	5291-357-002-28-351	\$190,320.00	15,600	174,930	190,530	- 0 -
Admin		\$2,562.00	210	2,352	2,562	- 0 -
TOTAL BEDNIGHTS		\$192,882.00	15,810	177,282	193,092	- 0 -

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES		\$0.00				
	TOTAL BUDGET					

Certified (Original Signature)
THEOTIS TAYLOR ADMIN.
Name and Title
7-10-00
Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM.	Date: 7/12/00
APPROVAL FINANCE ADM.	Date:
DHR-CSA Project Officer Signature	
Date	

DUE DATE: 8TH OF EACH MONTH

1999

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND

SCHEDULE R-1

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

5/22/01
8010

PAYEE NAME: WOMEN'S HOUSING COALITION
PAYEE ADDRESS: 119 E. 25TH STREET
CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: TOM LIS, ACCOUNTANT
TELEPHONE NUMBER: 410-235-5782

GRANT NUMBERS 5291-357-902-35-351
CONTRACT PERIOD: 7/1/98 THROUGH 6/30/99
CONTRACT NUMBER 24749
REPORT MONTH: JUNE 1999
PAYEE FEDERAL I. D. #: 52-1189812

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS	ACCOUNT #	5291-357-902-00-351				
Shelter bednights-	1.1	\$47,775.65	3926.73	43848.92	47775.65	0
Consolidated						
Bednight Expansion	1.2					
Day Program	1.8					
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	6.0					
TOTAL BEDNIGHTS		\$47,775.65	3926.73	43848.92	47775.65	0

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP	ACCOUNT #	5231-357-902-00-351				
Direct Grants	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
TOTAL SERVICES		\$0.00				
TOTAL BUDGET		\$47,775.65	3926.73	43848.92	47775.65	0



Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: 7-12-99
APPROVAL FINANCE ADM:	Date:

Certified (Original Signature)
TOM LIS, ACCOUNTANT
Name and Title
Date: 7/6/99

DHR-CSA Project Officer Signature
Date

FYE: 1999

DUE DATE: 15TH OF EACH MONTH

SCHEDULE R-2

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA, & HPP MONTHLY EXPENDITURE REPORT

Office Copy

PAYEE NAME: WOMEN'S HOUSING COALITION
PAYEE ADDRESS: 118 EAST 28TH STREET

GRANT NUMBERS 5291-357-002-30-35
CONTRACT PERIOD: 7/1/88 THROUGH 6/30/00
CONTRACT NUMBER 25597
REPORT MONTH: JUNE 2000
PAYEE FEDERAL I. D. #: 52-1189812

CITY/STATE/ZIP: BALTIMORE, MARYLAND 21218
CONTACT PERSON: TOM LIS
TELEPHONE NUMBER: 410-235-5782

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS						
Shelter bednights		\$47,330.00	3879.58	43450.42	47330.00	0
		\$364.00	31.50	352.50	384.00	0
TOTAL BEDNIGHTS		47714.00	3911.08	43802.92	47714.00	0
ICES						
TOTAL SERVICES		\$0.00				
TOTAL BUDGET		\$47,714.00	3911.08	43802.92	47714.00	0

Bal on Acct. 109786

Certified (Original Signature)
TOM LIS, ACCOUNTANT
and Title
7/6/00

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date:
APPROVAL FINANCE ADM:	Date:

DHR-CSA Project Officer Signature

Date

DUE DATE: 9TH OF EACH MONTH

**U.S. DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA & HPP MONTHLY EXPENDITURE REPORT**

PAYEE NAME: YWCA of Greater Baltimore Area, Inc
 PAYEE ADDRESS : 128 West Franklin Street
 CITY/STATE/ZIP: Baltimore, MD 21201
 CONTACT PERSON: Edward Pinder
 TELEPHONE NUMBER (410) 685-1460 ext. 281

GRANT NUMBERS 5291-357-902-36-351
 CONTRACT PERIOD: 9/15/98 THROUGH 6/30/99
 CONTRACT NUMBER GSA/SN11/99-003
 REPORT MONTH: June 1999
 FEDERAL I.D. # 52-0991703

30

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
Shelter bednights	1.1					
Consolidated						
Bednight Expansion	1.2	\$ 73,000.00	\$ 7,577.89	\$ 65,422.11	\$ 73,000.00	\$ -
Day Program	1.6					
Outreach	1.9					
Mass Feeding in Shelter	2.1					
Transportation	3.1					
Administrative Costs	6					
TOTAL BEDNIGHTS		\$ 73,000.00	\$ 7,577.89	\$ 65,422.11	\$ 73,000.00	\$ -

SERVICE	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
Direct Grants	7.1					
Counseling/Mediation	7.2					
Early Intervention	7.4					
TOTAL SERVICES						
	TOTAL BUDGET	\$ 73,000.00	\$ 7,577.89	\$ 65,422.11	\$ 73,000.00	\$ -

Certified(Original Signature)

Rosalyn Branson, Executive Director
 Name and Title

7-9-99
 Date

Internal Use Only	
DHR/Office of Homeless Services	
APPROVAL PROGRAM ADM:	Date: <u>7/1/99</u>
APPROVAL FINANCE ADM:	Date: <u>8/1/99</u>

DHR-CSA Project Officer Signature

Date

*May def. due
d June*

DEPARTMENT OF HUMAN RESOURCES
OFFICE OF TRANSITIONAL SERVICES
ETHS & HPP MONTHLY EXPENDITURE REPORT - 1999

PAYEE NAME: YWCA of Greater Baltimore Area, Inc.

CSA CONTRACT NO. : 5291-357-902-36-351

PAYEE ADDRESS : 128 West Franklin Street

CONTRACT PERIOD: 7/1/98 - 6/30/99

CITY/STATE/ZIP: Baltimore, MD 21201

COUNTY: Baltimore City

REPORT MONTH: June, 1999

FEDERAL I.D.# 52-0591703

30

Services	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Obligations	Available Balance
HPP						
Counseling/Mediation						
Early Intervention						
Revolving Loan Fund						
HPP TOTAL						
Shelter bednights	\$ 118,263.00	\$ 9,717.28	\$ 108,545.73	\$ 118,263.00		\$ (0.00)
Vouchers for lodging						
Renovations/Rehab. Construction						
Day Shelter						
Mass feeding in shelter						
ETHS TOTAL	\$ 118,263.00	\$ 9,717.28	\$ 108,545.73	\$ 118,263.00	\$ -	\$ (0.00)

	HPP	ETHS
FUNDS RECEIVED TO DATE:		\$ 98,501.46
EXPENDITURES REPORTED TO DATE:		\$ 118,263.00
BALANCE UNEXPENDED:		\$ (19,761.54)

Certified (Original Signature)
Salyn Branson, Executive Director
Name and Title

DHR-CSA Project Officer Signature

Date

109,823.32

7/4/99

FY 2000

DUE DATE: 8TH OF EACH MONTH

SCHEDULE S-3

DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES ADMINISTRATION
AND
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
ETHS, ESG, HOPWA & HPP MONTHLY EXPENDITURE REPORT

PAYEE NAME: YWCA of Greater Baltimore Area, Inc.
PAYEE ADDRESS: 128 West Franklin Street
CITY/STATE/ZIP: Baltimore, MD 21201
CONTACT PERSON: Edward Pinder
TELEPHONE NUMBER (410) 685-1460 ext. 281

GRANT NUMBERS 5291-357-002-32-351
CONTRACT PERIOD: 7/01/99 THROUGH 6/30/00
CONTRACT NUMBER 25598
REPORT MONTH: June 2000
FEDERAL I.D. # 52-0591703

30

ACTIVITY	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
ETHS ACCOUNT #						
Shelter bednights	5291-357-002-31-351	\$ 122,207.00	\$ 9,948.73	\$ 112,258.27	\$ 122,207.00	\$ -
Admin		\$ 2,018.00	\$ 165.41	\$ 1,852.59	\$ 2,018.00	\$ -
TOTAL BEDNIGHTS		\$ 124,225.00	\$ 10,114.14	\$ 114,110.86	\$ 124,225.00	\$ -

SERVICES	Budget Categories	Approved Budget	Report Month Expenditures	Previous Expenditures	Total Expenditures	Available Balance
HPP						
TOTAL SERVICES						
	TOTAL BUDGET	\$ 124,225.00	\$ 10,114.14	\$ 114,110.86	\$ 124,225.00	\$ -

ck 639.18

10

Certified (Original Signature)

Rosalyn Branson, Executive Director
Name and Title

7-7-00

Date

Internal Use Only	
DHCD/Office of Homeless Services	
APPROVAL PROGRAM ADM: <i>[Signature]</i>	Date: 7/20/00
APPROVAL FINANCE ADM: <i>[Signature]</i>	Date: 7/20/00

DHR-CSA Project Officer Signature

Date

BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OFFICE OF HOMELESS SERVICES
HOMELESS SHELTER GRANT NUMBER CSA/SN 11/99-003 A2
STATEMENT OF REVENUES AND EXPENDITURES
PERIOD: JULY 1, 1998 THROUGH JUNE 30, 1999

<u>Provider Name</u>	<u>Schedule Number</u>	<u>Contract Number</u>	<u>Approved Budget</u>	<u>Audited Revenues</u>	<u>Audited Expenditures</u>	<u>Excess Revenues (Expenditures)</u>	<u>Reference</u>
American Rescue Workers	A-1	24730	\$ 42,588	\$ 42,588	\$ 42,588		a
At Jacob's Well	B-1	24729	39,471	42,388	39,471	\$ 2,917	a,b
Brown's Memorial	C-1	24745	72,414	72,414	72,414		a
Center for Applied Nomadology CFAN - Eutaw	D-1	24744	45,545	45,545	45,545		a
Center for Applied Nomadology CFAN - Oasis	E-1	24727	146,000	146,000	146,000		
Christopher's Place	G-1	24726	56,762	56,762	56,762		a
House of Ruth	H-1	24755	96,119	96,119	96,119		
I Can, Inc.	I-1	24731	61,998	58,959	61,998	(3,039)	a,b
I Can, Inc.	I-2	24742	87,600	87,600	87,600		
Marian House	K-1	24746	49,669	49,669	49,669		a
Md. Center for Veterans - Training	L-1	24814	81,851	81,851	81,851		
My Sister's Place	M-1, M-2	24752	77,107	82,067	77,107	4,960	c
My Sister's Place Lodge	N-1	24728	48,013	48,013	48,013		a
Project Plase	O-1	24450					d
Salvation Army	P-1	25181	73,564	73,564	73,564		a
South Baltimore Station	Q-1	24737	69,595	69,595	69,595		a
Women's Housing Coalition	R-1	24749					d
YWCA	S-1	24734	73,000	73,000	73,000		
YWCA	S-2	24736	72,377	72,377	72,377		a
Total (Memorandum Only)			<u>\$ 1,193,673</u>	<u>\$ 1,198,511</u>	<u>\$ 1,193,673</u>	<u>\$ 4,838</u>	

See Auditor's Notes on Exhibit III.

BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OFFICE OF HOMELESS SERVICES
HOMELESS SHELTER GRANT NUMBER CSA/SN 11/99-003 A2
STATEMENT OF REVENUES AND EXPENDITURES
PERIOD: JULY 1, 1999 THROUGH JUNE 30, 2000

<u>Provider Name</u>	<u>Schedule Number</u>	<u>Contract Number</u>	<u>Approved Budget</u>	<u>Audited Revenues</u>	<u>Audited Expenditures</u>	<u>Excess Revenues (Expenditures)</u>	<u>Reference</u>
American Rescue Workers	A-2	25571	\$ 39,391	\$ 39,391	\$ 39,391		a
At Jacob's Well	B-2	25572	28,887	28,887	28,887		a
Brown's Memorial	C-2	25574	72,216	72,216	72,216		a
Center for Applied Nomadology CFAN - Eutaw	D-2	25575	52,521	52,521	52,521		a
Center for Applied Nomadology CFAN - Oasis	E-2	25576	105,042	98,625	105,042	\$ (6,417)	a,b
Center for Poverty Solutions	F-1	26004	20,000	20,000	20,000		e
Christopher's Place	G-2	25568	57,773	57,773	57,773		a
House of Ruth	H-2	25582	110,294	110,294	110,294		
I Can, Inc.	I-3	25583	15,756	15,756	15,756		a
I Can, Inc.	I-4	25584	131,302	131,302	131,302		a,e
Light Street Housing	J-1	25585	21,556	21,556	21,556		
Marian House	K-2	25586	55,147	52,571	55,147	(2,576)	a,b
Md. Center for Veterans - Training	L-2	25587	223,214	227,742	223,214	4,528	a,b
My Sister's Place	M-3	25569	97,164	97,164	97,164		a
My Sister's Place Lodge	N-2	25570	38,078	38,078	38,078		a
Project Plase	O-2	25590	63,025	68,204	63,025	5,179	a,b
Salvation Army	P-2	25594	53,802	53,802	53,802		a
South Baltimore Station	Q-2	25595	105,042	105,042	105,042		a,f
Women's Housing Coalition	R-2	25597	15,756	20,024	15,756	4,268	a,b
YWCA	S-3	25598	82,721	73,951	82,721	(8,770)	a,b
YWCA	S-4	25599	13,130	13,130	13,130		a
Total (Memorandum Only)			<u>\$ 1,401,817</u>	<u>\$ 1,398,029</u>	<u>\$ 1,401,817</u>	<u>\$ (3,788)</u>	

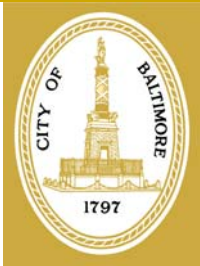
See Auditor's Notes on Exhibit III.

EXHIBIT III

INDEPENDENT AUDITOR'S NOTES TO THE STATEMENTS OF REVENUES AND EXPENDITURES

The following are notes referenced in the appended EXHIBITS where applicable:

- (a) The agency's final monthly Contract Expenditure Report includes other funding sources which were not included in our audit. The EXHIBIT, therefore, only includes the budget and financial results of the Emergency and Transitional Housing and Services Program funds awarded by the Maryland State Department of Human Resources.
- (b) Difference is due to allocation errors between Emergency and Transitional Housing and Services Program funds and other funding sources resulting in either an over or under statement of Emergency and Transitional Housing and Services Program revenues recorded in the books of the City of Baltimore.
- (c) Difference is due to an overpayment of these grant funds of \$4,960 that is due from My Sister's Place.
- (d) This agency's contract for homeless services did not include any funding from the Emergency and Transitional Housing and Services Program.
- (e) The agency's final monthly Contract Expenditure Report has footing and crossfooting errors. However, these errors do not affect the financial results of the Emergency and Transitional Housing and Services Program.
- (f) The agency's final monthly Contract Expenditure Report includes a budget deficit of \$210. However, this deficit does not affect the financial results of the Emergency and Transitional Housing and Services Program.



INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS
APPLICABLE TO THE SUBGRANT AGREEMENTS AND ON INTERNAL CONTROL
OVER COMPLIANCE

April 30, 2001

Honorable Joan M. Pratt, Comptroller
And Other Members of the
Board of Estimates
City of Baltimore

Compliance

We have audited the compliance of the organizations listed in Exhibits I and II of this report with applicable requirements contained in subgrants received from the Baltimore City Department of Housing and Community Development, Office of Homeless Services for the periods from July 1, 1998 through June 30, 2000.

Compliance with the requirements of laws, regulations, contracts and grants applicable to these subgrants is the responsibility of the delegate agencies' management. Our responsibility is to express an opinion on the delegate agencies' compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on the subgrants occurred. An audit includes examining, on a test basis, evidence about the delegate agencies' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of the delegate agencies' compliance with those requirements.

In our opinion, the delegate agencies complied, in all material respects, with the requirements referred to above that are applicable to their subgrants received from the Baltimore

City Department of Housing and Community Development, Office of Homeless Services for the periods from July 1, 1998 through June 30, 2000.

Internal Control Over Compliance

The management of the delegate agencies is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts and grants applicable to the subgrants. In planning and performing our audit, we considered the delegate agencies' internal control over compliance with requirements that could have a direct and material effect on their subgrants in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on the internal control over compliance.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the specific internal control components does not reduce to a relatively low level the risk that noncompliance with the applicable requirements of laws, regulations, contracts and grants that would be material in relation to the subgrants being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance that we consider to be material weaknesses.

This report is intended solely for the information and use of the management of the organizations listed in Exhibits I and II of this report, the State of Maryland, and the City of Baltimore and is not intended to be and should not be used by anyone other than these specified parties. However, the report is a matter of public record, and its distribution is not limited.

Respectfully submitted,

Yovonda D. Brooks, CPA
City Auditor

BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OFFICE OF HOMELESS SERVICES
EMERGENCY AND TRANSITIONAL HOUSING AND SERVICES GRANT NUMBERS
CSA/SN 11/99 – 003 A2 AND CSA/SN 11/99 – 003 A3
EXIT CONFERENCE SUMMARY
PERIOD FROM JULY 1, 1998 THROUGH JUNE 30, 2000

On June 22, 2001, an exit conference was held to discuss the audit. Those in attendance were:

George Hergenbahn
Michael R. Maguire
Jack P. Evans

Office of Homeless Services
Baltimore City Department of Audits
Baltimore City Department of Audits

Audit results were discussed fully, including the data reported in Exhibits I and II. The Office of Homeless Services responded that the excess amounts reported in the Exhibits will be investigated and corrected. Where the service provider was overpaid, a refund will be requested by the Office of Homeless Services. Where the excess amounts were caused by allocation errors, correcting entries will be processed in the City's accounting records within 30 days.

BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OFFICE OF HOMELESS SERVICES
EMERGENCY AND TRANSITIONAL HOUSING AND SERVICES GRANT NUMBERS
CSA/SN 11/99 – 003 A2 AND CSA/SN 11/99 – 003 A3
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
PERIOD FROM JULY 1, 1998 THROUGH JUNE 30, 2000

Section I – Summary of Auditor’s Results

Schedules A-1 through S-4

Type of auditor’s report issued: unqualified opinion

**Auditor’s Report on Compliance with Requirements Applicable
to Subgrant Agreements and on Internal Control over
Compliance**

Internal control over subgrants:

Material weaknesses identified? yes X no

Reportable conditions identified not considered to be
material weaknesses? yes X none reported

Type of auditor’s report issued on compliance for subgrants: unqualified opinion

Any audit findings disclosed that are required to be reported? yes X no

Identification of Subgrants (see Exhibits I and II for a detailed listing of subgrants):

<u>Grant Number</u>	<u>Grant Title</u>
CSA/SN 11/99 – 003 A2	Emergency and Transitional Housing and Services Program – FY 1999
CSA/SN 11/99 – 003 A3	Emergency and Transitional Housing and Services Program – FY 2000

Section II - Findings and Questioned Costs for the Subgrant Awards, which are Required to be Reported.

The auditor found no instances of noncompliance with certain requirements applicable to the subgrants that are required to be reported.

The auditor noted no matters involving the internal control over compliance and its operation that are considered to be material weaknesses.

BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OFFICE OF HOMELESS SERVICES
EMERGENCY AND TRANSITIONAL HOUSING AND SERVICES GRANT NUMBERS CSA/SN
11/99 – 003 A2 AND CSA/SN 11/99 – 003 A3
SUMMARY SCHEDULE OF PRIOR FINDINGS
PERIOD FROM JULY 1, 1998 THROUGH JUNE 30, 2000

Findings in this schedule were contained in our audit report dated May 18, 1999, on subgrants awarded by the Baltimore City Department of Housing and Community Development, Office of Homeless Services to selected homeless services providers for the period from August 1, 1996 through June 30, 1998.

<u>Finding Number/Finding</u>	<u>Status</u>	<u>Planned Corrective Action</u>
<u>Condition I</u> – Two providers did not provide evidence that their general liability insurance policy included the Mayor and City Council as additional insured. We recommended that the policies be amended.	Corrected	N/A
<u>Condition II</u> – Costs in the amount of \$757 were questioned for unsupported transportation expenses. We recommended that if adequate support could not be provided the questioned costs be returned to the City.	Corrected	N/A
<u>Condition III</u> – One provider failed to file its Personal Property Return, resulting in forfeiture of its corporate status. We recommended that steps be taken to remove the forfeiture.	Corrected	N/A
<u>Condition IV</u> – Several transitional housing shelters were not maintaining daily client attendance records. We recommended that the providers be required to maintain such records.	Corrected	N/A